

State of Tennessee



License No. 000002299

DEPARTMENT OF HEALTH

This Is To Certify, that a license is hereby granted by the Tennessee Department of Health to:

GENETICS ASSOCIATES, INC.

Medical Laboratory Director VAITHILINGAM G. DEV, PHD

Ownership Type INDIVIDUAL

To conduct and maintain a Medical Laboratory in the Specialty (ies) of:

CLINICAL CYTOGENETICS

On the premises located at 1916 PATTERSON STREET, SUITE 400, NASHVILLE, TN 37203-2182

County of DAVIDSON

This license shall expire FEBRUARY 28 2025

This license shall be displayed in a conspicuous place where it may be viewed by the public. The holder of this license is subject to the provisions of T.C.A. Section 68-29-111 and regulations thereto. This license shall not be assignable or transferable and shall be subject to revocation at any time by the State Department of Health for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State

this 23RD *day of* JANUARY 2024

By Jennifer L. Rotman, Esq
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

By Jennifer Didcomb MT (ASCP)
CHAIRMAN, MEDICAL LABORATORY BOARD

By [Signature]
COMMISSIONER, DEPARTMENT OF HEALTH

